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OCT 11 2005

**To:** Examiner Shengjun Wang  
Art Unit: 1617

**From:** Leslie S. Szivos

**Fax:** 571-273-8300

**Pages:** 13 pages including fax cover sheet

**Phone:**

**Date:** 10/11/2005

**Re:** U.S. Patent Appln. No. 09/777,544  
Docket: 14186

**CC:**

## **URGENT - FINAL RESPONSE**

Please see the following documents:

1. Amendment Transmittal (in duplicate)
2. Authorization to charge SSMP deposit account
3. Response under 37 C.F.R. § 1.116
4. Certificate of transmission by facsimile dated October 11, 2005

If you have any questions concerning this facsimile please contact Vivian Henriquez at 516-742-4343.  
Thank you:

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PAGE 2/13 \* RCVD AT 10/11/2005 3:20:51 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/38 \* DNIS:2738300 \* CSID:5167424366 \* DURATION (mm-ss):03-32


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# 3/ 13

OCT 11 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No. 14186</b>	
Applicant(s): <b>Thomas Dietz et al.</b>						
Application No. <b>09/777,544</b>	Filing Date <b>February 6, 2001</b>	Examiner <b>Shengjun Wang</b>	Customer No. <b>23389</b>	Group Art Unit <b>1617</b>	Confirmation No. <b>7213</b>	
Invention: <b>COSMETIC AND PHARMACEUTICAL OIL-IN-WATER EMULSIONS</b>						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	24 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ <i>Signature</i>			Dated: <b>October 11, 2005</b>			
<b>Leslie S. Szivos, Ph.D.</b> <b>Registration No. 39,394</b> <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza - Suite 300</b> <b>Garden City, New York 11530</b>			<div style="border: 1px solid black; padding: 5px;">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____            _____            (Date)            _____            Signature of Person Mailing Correspondence            _____            Typed or Printed Name of Person Mailing Correspondence         </div>			
CC:						

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# 4 / 13

OCT 11 2005

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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
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 _____ <i>Signature</i>			Dated: <b>October 11, 2005</b>											
<b>Leslie S. Szivos, Ph.D.</b> <b>Registration No. 39,394</b> <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza - Suite 300</b> <b>Garden City, New York 11530</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 C.F.R. 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 C.F.R. 1.8(a)] on _____		(Date)		_____ <i>Signature of Person Mailing Correspondence</i>		_____ <i>Typed or Printed Name of Person Mailing Correspondence</i>	
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant(s):** Thomas Dietz, et al.**Examiner:** Shengjun Wang**Serial No:** 09/777,544**Art Unit:** 1617**Filed:** February 6, 2001**Docket:** 14186**For:** COSMETIC AND PHARMACEUTICAL  
OIL-IN-WATER EMULSIONS**Dated:** October 11, 2005**Confirmation No.** 7213Mail Stop AF  
Commissioner for Patents  
Alexandria, VA 22313-1450**AMENDMENT UNDER 37 C.F.R. § 1.116**

Sir:

In response to the Office Action dated August 11, 2005, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

---

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this document is being filed in the United States Patent and Trademark Office on the date shown below via facsimile transmission to Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 at United States Patent and Trademark Office facsimile transmission number (571) 273-8300.

Dated: October 11, 2005

  
\_\_\_\_\_  
Leslie S. Szivos, Ph.D.